

NATIONAL Assessment Centre Services (NAC) (2022)

Sub 22C F000P

Date In: 15/12/2022 16:00	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: NPA/C11/220/2588/Y	E-mail (within 24hrs, A/C 2hrs)		
Veh No: PC 794L	I-Motor Claim Form		
D.O.A: 12/12/2022 16:30	I-Motor W/O (Within 24hrs, A/C 2hrs)		
OD / TP / Reporting Only	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whar		

Preferred Wksp / INC Assign Wksp / QW: ()	Tel: ()	Fax: ()
TP Particulars: Vch No: PA 776C	INC () / Non-INC ()	
Owner / Driver: ()	Tel: ()	
Policy No: ()	Period: ()	Cover Type: ()
Confirmed by: ()	Date: ()	Time: ()
Insured/Driver Liability: () % (Note: Est. Status (WO): N: 0-20%, P: 21-70%, F: 80-100%)		
Year of Registration: ()	Warranty: YES () / NO ()	
Excess: (\$)	Loading: \$1,000 () / \$2,000 ()	

General Remarks:

() Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repeller.

() Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()

Remarks: (INC Toll-free: 6788 6616)	Date & Time Completed:	Done by:
1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury: ()

Date / Time: ()

Actions: ()

<p>MA 2203488</p> <p>Important Particulars:</p> <p>Owner/Owner:</p> <p>Contact No:</p> <p>Damaged Portion:</p> <p>Checked by (Engr-In-Charge):</p> <p>Comments:</p> <p>12/13</p>	Invoice Preparation Checklist		AMT	AMT
	1) AR: Accident Reporting (\$30)			
	2) DA: Damage Assessment (\$100)	INC (\$50)		
	3) TF: Towing Fee	\$40/\$45		
	4) PT: Follow-Through Survey	\$120		
	5) PT: Follow-Through Survey (Resurvey)	\$30		
	Excess/Insurance Status (INC Only, valid 12 Jan 2023)			
	6) TR: Re-inspection	\$75		
	7) NI: Hail DA + SMRT Survey	\$160		
	8) NTUC Additional Services:			
GR:				
*NI: Courtesy Car / Trip Allowance		\$5		
*NI: Repair Coordination		\$10		
*NI: Post Repair Inspection		\$25		
*NI: DV / Collect Excess Coordination		\$5		
*NI (Hail) - TP (Non-INC) against INC		\$10		
9) 24/7 Helpline		10		
Invoice Value				
Fee Charged				

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Actual Driver
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date of Submission	15/12/2022 16:00 (SGT)
Reported by	Driver
Date of Accident	13/12/2022 16:30 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	BEFORE JALAN BAHAR EXIT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number PC794L

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	WU LI TRANSPORT SERVICES
Company Reg No	5XXXXX315K
Email Address	fullstop423@gmail.com
Mobile Phone No	(Phone) +65-82014699
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	King Long
Model	XMQ6117K
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Bus
Transmission	Auto
CC	6693

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMB1SNW00014782100

DRIVER

Name of Driver	SEAH KEE HONG
NRIC No	SXXXXX034F
Date Of Birth	08/06/1970
Occupation	Outdoor

Date Of Driving Pass	26/02/2010
Driving experience	12 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-82014699
Alt. Phone Number	-
Email Address	fullstop423@gmail.com
Address	BLK 456A SENGKANG WEST ROAD #07-304
Address complement	-
Postcode	791456
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Chain Collision
Weather Conditions	AFTER RAIN
Road Surface	Wet

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	24
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

PASSENGER 1

Name	UNKNOWN
Gender	Male

PASSENGER 2

Name	UNKNOWN
Gender	Male

PASSENGER 3

Name	UNKNOWN
Gender	Male

PASSENGER 4

Name	UNKNOWN
Gender	Male

PASSENGER 5

Name	UNKNOWN
Gender	Male

PASSENGER 6

Name	UNKNOWN
Gender	Male

PASSENGER 7

Name	UNKNOWN
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20221214/7010

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	PA7716C
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Bus
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	XD5266L
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	UNKNOWN PAX
Gender	Male
Phone No	-

Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	PC794L
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	UNKNOWN PAX
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	PC794L
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 3

Name of injured person	UNKNOWN PAX
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	PC794L
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the Authorised Driver**.
3. Information provided must be as **truthful and accurate as possible**. Any wilful misrepresentation or withholding of material facts may allow insurance companies to **repudiate policy liability**.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**
I understand, acknowledge, agree and consent that:
 - (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.(collectively the "Purposes")
 - (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes, and
 - (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.



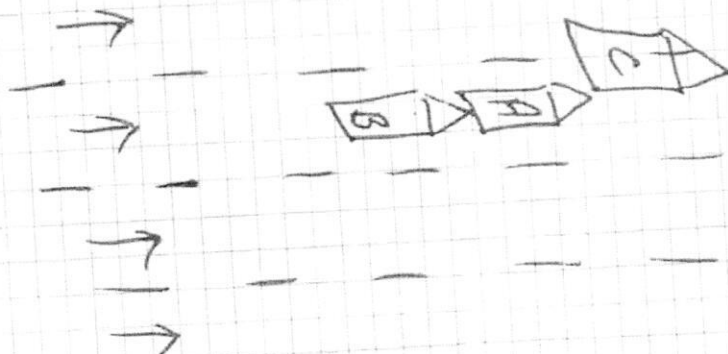
Policyholder's Signature Date
& Time:

Driver's Signature
(If driver is not the policyholder) Date
& Time:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN

PIE BEFORE JALAN RAHAR EXIT



A) PL 794 L
B) PA 7716 C
C) XD 5266 L

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As per police Report No T/2022/214 / 7010


DECLARATION


I/We declare the foregoing particulars are true in every respect.



Policyholder's Signature Date
& Time:

Copyright SketchPlanForm V3

x 
Driver's Signature
(If driver is not the policyholder) Date
& Time:


Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:



SINGAPORE POLICE FORCE



T/20221214/7010

1 of 4

Report No. T/20221214/7010

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:
14/12/2022 10:34

Vide Report No.:

Station Diary No.:

Informant's Particulars

Name of Informant:
SEAH KEE HONG

Address:
456A SENGKANG WEST ROAD #07-304 SINGAPORE
791456

ID Type / ID No.:
NRIC NO / S7019034F

Contact No.:
Home/Office: Mobile: 82014699

Nationality:
SINGAPORE CITIZEN

Email:
SEAHKEEHONG@YAHOO.COM.SG

Sex: Age: Date of Birth:
Male 52 08/06/1970

Type of Informant:
Driver

Race:
Chinese

Language:
English

Institution / School Name:

Occupation:
bus driver

Driving Licence Information:
Class: 3,4,5

Date of Expiry:

General Information of the Accident

Type of
Accident:

Non-Injury
Attended by Police

Drink
Drive:
No

Date/Time of
Accident:
13/12/2022 16:30

Type of Location:
Straight Road

Location:

PAN ISLAND EXPRESSWAY

Weather:

Road Surface:
Wet

Road Speed Limit:

Traffic Flow:
One Way

Traffic Control:

Traffic Volume:

Type of Collision:
Between Moving Vehicles - Head To Rear

Anyone conveyed by
ambulance:
No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
PA7716C	BUS			Yellow	Seriously Damaged	20
PC794L	BUS	KING LONG		Purple	Seriously Damaged	20



**SINGAPORE
POLICE FORCE**



T/20221214/7010

2 of 4

Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

Report No. T/20221214/7010

CONTINUATION OF REPORT

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
XD5266L	Lorry	SCANIA		Yellow	Slightly Damaged	1

Details of Person Involved									
Any Pedestrian Involved: No									
No. of Pedestrians Injured: NIL					Use of Pedestrian Crossing: NA				
Passenger									
Name		Unknown Passenger			ID No.		NIL		
Related Vehicle		PA7716C (BUS)			Contact No.		NIL		
Hospital/Clinic		NIL			Class of Driving Licence & Expiry		Class: NIL Date of Expiry: NIL		
Date		NIL			Date		NIL		
No. of Days granted Medical Leave		NIL			Degree of		NIL		
Driver									
Name		SEAH KEE HONG			ID No.		S7019034F		
Related Vehicle		PC794L (BUS)			Contact No.		82014699		
Hospital/Clinic		NIL			Class of Driving Licence & Expiry		Class: 3,4,5 Date of Expiry: NIL		
Date		NIL			Date		NIL		
No. of Days granted Medical Leave		NIL			Degree of		NIL		
Passenger									
Name		Unknown Passenger			ID No.		NIL		
Related Vehicle		PC794L (BUS)			Contact No.		NIL		
Hospital/Clinic		NIL			Class of Driving Licence & Expiry		Class: NIL Date of Expiry: NIL		
Date		NIL			Date		NIL		
No. of Days granted Medical Leave		NIL			Degree of		NIL		



**SINGAPORE
POLICE FORCE**



T/20221214/7010

3 of 4

Report No. T/20221214/7010

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

CONTINUATION OF REPORT

Passenger		ID No.		NIL
Name	Unknown Passenger		Contact No.	NIL
Related Vehicle	XD5266L (Lorry)		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Hospital/Clinic	NIL		Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL	
Passenger		ID No.		NIL
Name	Unknown Passenger		Contact No.	NIL
Related Vehicle	NIL		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Hospital/Clinic	NIL		Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL	

Brief Details.

I was driving a bus in lane 3, suddenly a lorry come out from lane 4, I force to make a jam break but still hit the lorry and the bus behind also hit my bus. All of us come down and change the particular and I call the police to inform them there got an accident at PIE. After that police vehicle, ambulance fire engine all arrived in that order. The three workers inside my bus bleed their lips and the bus behind also got one worker bleed his lips. They all refused to go hospital with ambulance and four of them plus one supervisor follows the emas toll truck go out to expressway. At 14December I come to make a police report.



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000



T/20221214/7010

4 of 4

Report No. T/20221214/7010

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
GOH WEI LI
Contact No.: 65476394

This report is lodged at Woodlands West NPC Kiosk 3
NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by Singpass. No signature is
required.

Date/Time:
14/12/2022 10:34

Classification Of Case:

Email: sm@idac.com.sg Tel no: 6555 6888

*If no proper documents are produced, IDAC shall not file the report. Information will be discarded after one week.

Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 13 / 12 / 2022 (dd/mm/yy) Time of Accident: 16 : 30 (24-HR-FORMAT)
Vehicle No.: PC 794L Vehicle Make & Model: _____
Exact location of Accident: PIE Before Jalan Bahar Exit
Policyholder's Name: Wu Li Transport Services IC / UEN: 53287315K
Driver's Name / IC No.: Seah Kee Hong S7019034F (As Above) ☐
Driver's Contact No.: 8201 4699 Company Contact No (Company Veh Only): _____
Driver's Address: _____
Email address: fullstop423@gmail.com Insurance Company: China Taiping

Relationship between Owner & Driver: (Please **CIRCLE** one only)
Owner / Spouse / Children / Friend / Parents / Sibling / Relative / Employee / Hirer or Others specify: _____

What do you wish to claim? (Please **TICK** one only)

☐ Own Insurance ☒ Other Vehicle (The one you want to claim against) / ☐ Reporting (For Record Purpose)

Exact purpose for which the vehicle
Was being used at time of accident?

☐ Private use ☒ Work purpose

Occupation (nature of job) ☐ Indoor ☒ Outdoor

*No. of Passengers (Including Driver): 24

*Passanger Name: _____

Gender: Male / Female *Passanger

Name: _____

Gender: Male / Female

Weather condition & Road conditions? (On the day of accident)

☐ Clear & Dry / ☐ Raining & Wet / ☒ After-Rain & Wet / ☐ Drizzling & Wet / Others: _____

Was there any video captured by your Car Camera?

☐ Yes ☒ No

Any Injuries: ☒ Yes / ☐ No (If YES) Injured Person's Name: _____

Injuries Sustain: _____ Injured Person in Which Vehicle: _____

Police Report filed: ☒ Yes / ☐ No (If YES) Which Police Station: _____

The Other Party(s) Details:

1. Driver's Name / IC No: _____

Vehicle No: PA 7716C (B)

Driver's Contact No: _____ Insurance Company: _____

2. Driver's Name / IC No (If Any): _____

Vehicle No: XD 5266L (C)

Driver's Contact No: _____ Insurance Company: _____

*Independent Witness (If Any): _____

Contact No: _____

Preferred Workshop Name: _____

Contact No: _____



中国太平
CHINA TAIPING

中国太平保险(新加坡)有限公司
CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Motor Bus

MZ601

E SN

AN0580A

Cov Type F

CERTIFICATE OF INSURANCE

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960
Road Transport Act, 1987 (Malaysia)
Motor Vehicles (Third-Party Risks) Rules, 1958 (Malaysia)

CERTIFICATE No.

DMB1SNW00014782100

Engine No: ISBE428521985339

Cha. No. LA6R1FSH7BB101396

1. Index Mark and Registration
Number of Vehicle

PC794L

2. Name of Policy Holder

WU LI TRANSPORT SERVICES

3. Effective date of the Commencement of
Insurance for the purposes of the Regulations,
Ordinance or Enactment

03/11/2021
(11.26.26)

Excess Sect. II S\$1,000.00

4. Date of Expiry of Insurance

24/01/2023

5. Persons or Classes of Persons entitled to drive*

Any person provided he is in the Policyholder's employ and is driving on their order or with their permission or any person driving with policyholder's permission.
Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6. Limitations as to use:

Use only for the carriage of passengers or goods in connection with the Policyholder's business as specified in the Schedule

The Policy does not cover

- (1) Use for racing, pace-making, reliability trial or speed-testing
- (2) Use whilst drawing a trailer, except the towing (other than for reward) of any one disabled mechanically propelled vehicle

HIRE PURCHASE CO.: APL CREDIT PTE LTD

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act 1987 (Malaysia), are not to be included under these headings.

I/We hereby Certify that the policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

Please see reverse

Issued By:

Loc. 1000
Authorized Signatory

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Authorized Signatory

China Taiping Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200208384E)
3 Anson Road #16-00 Springleaf Tower Singapore 079909

6389 6111

6227 1033

www.sg.cntaiping.com